DOCUMENT RESUME

ED 118 532 SP 009 809

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TITLE A Conceptualization of the Clinical Professorship.
PUB DATE Feb 75
NOTE 20p.; Paper presented at the Annual Meeting of the Association of Teacher Educators 55th, New Orleans, Louisiana, February 1975) Some lines may not reproduce clearly due to quality of original

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage
DESCRIPTORS *Clinical Professors; *College School Cooperation; *College Supervisors; *Cooperating Teachers; *Preservice Education; School Involvement; Student Teachers

ABSTRACT

This paper describes the use of clinical professors at Kent State University and 19 affiliated teacher educatoion centers who oversee student teachers' involvement in participating schools. The professors have the following nine major responsibilities: (1) preparing the students before arrival in the schools, (2) orienting the students to the schools and communities in which they will serve, (3) planning varied field experiences, (4) assessing student progress, (5) serving on a teacher education center steering committee, (6) conducting inservice activities with teachers in the schools, (7) conducting a seminar in the teacher education center, (8) conducting research, and (9) solving problems. People at Kent State feel that this kind of program has meant more work for the clinical professor and has demanded certain adjustments from the schools, but they are pleased with the results. (CD)

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"A Conceptualization of The Clinical Professorship"

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Based on a presentation made at the 55th Annual Meeting of the Association of Teacher Educators in New Orleans, February, 1975.

During recent years a large number of colleges and universities have been moving away from the practice of placing student teachers in separate widely-spaced school systems. At Kent State University the change of placement patterns began in 1972 with the establishment of Teacher Education Centers. The goal of the Center program was and remains to provide a framework maximizing personal and professional growth of pre-service teachers while at the same time contributing to the programs of cooperating school systems. No two Centers are exactly alike in terms of program and organization, but joint school-university decision-making is a dominant feature at all sites. Other common features are increased availability of university personnel and an effort to provide training in supervisory and advanced teaching skills for interested Center staff.

As these and other features of Centers have evolved, the traditional role of the university-based supervisor of student teachers has also been in transition. To reflect the broadening of his responsibilities the title of the university representative working most closely with Center staff has become "Clinical Professor." This title has been used in a wide variety of ways since being popularized by Conant in the early 1960's. At Kent State, the Clinical Professor is employed exclusively by the university to serve as an on-site program developer and co-ordinator of field experiences in the TEC schools. The typical Clinical Professor holds a doctorate, has taught in the public

schools for 11½ years, served in public school administration for three years, and has supervised associate teachers at the college or university level for eight years.

A description of the role of the Clinical Professor as it has emerged in the Kent State affiliated Teacher Education Centers, is the principle focus of this paper. The conceptualization of the Clinical Professorship centers around nine major responsibilities ranging from the preparation for the arrival of the associate teachers to the Centers to the conduction of research necessary for the continuous evaluation of the program. These major responsibilities serve as the main divisions of this paper.

GENERAL INFORMATION

Kent State University is currently involved with 19 Centers which accommodate approximately 60 per cent of the 1600 associate teachers placed each year. "Associate teacher" is the term which has replaced "student teacher" and reflects the anticipation of increased status for the field experience student. The Center guidelines are broad and flexible and have encouraged the development of several different types of Centers. In some cases where a large number of associate teachers are placed in a single building, one school constitutes a Center. In other cases as

many as five buildings and two school systems are involved in a single Center. However, a school district may have more than one Center as is the case with two districts incorporating two secondary and two elementary Centers. In some districts, the Centers reflect a consortium whereby two or more universities are cooperatively involved.

Although many of the participating school systems would be classified as suburban, the Center network includes urban and small community settings are well. Open as well as traditional classroom organizational patterns are found in the participating schools and curricula vary from conventional subject matter to interdisciplinary courses and independent study.

PREPARATION FOR ARRIVAL

Preparation for the arrival of associate teachers begins in the Office of Professional Field Experiences at the time students apply for placement. During the placement procedure the characteristics of each center and goals of the student as well as his travel restrictions are considered. Most of this work is handled by full time office staff, but occasionally Clinical Professors assist in counseling students who have early concerns or questions regarding their field experience quarter.

When the initial placement lists have been prepared by the Office of Professional Field Experiences the Clinical Professor begins working with the district and building administrators who are responsible for assignment approval. To aid the administrators in assigning associate teacher to buildings, or to cooperating teachers or teaching teams, Clinical Professors provide information regarding the background of the students and feedback regarding the supervisory skills of cooperating teachers. The receptiveness of the administrators to the input of the Clinical Professors has been found to vary widely from center to center. Some administrators leave placement almost entirely in the hands of the Clinical Professor, while a few still follow the practice of making unilateral decisions. The greatest majority of placements, however, are made through the joint efforts of school-based administrators and the Clinical Professor assigned to the Center.

Once cooperating teachers or teaching teams have been selected it is the duty of the Clinical Professor to interpret the procedures and program approved by the Steering Committee of the local center. In a number of centers the materials distributed also contain information about observation skills, and conferencing and evaluation techniques. Because some centers have been in operation for a number of years, many of the cooperating teachers do not require detailed instructions regarding the basic goals and record keeping procedures for supervision.

Before student teachers arrive at the schools, the Clinical Professor also visits with non-teaching professionals such as counselors and media specialists. The purpose of the visits is to plan and schedule orientation sessions to be attended by student teachers during the first week of the field quarter.

ORIENTATION

Traditionally, orienting the student teacher to the school and community has been the responsibility of the cooperating teacher. Our experience has indicated that, probably because of time demands and the tendency to focus on classroom teaching techniques, this responsibility is frequently not adequately met when individual cooperating teachers must design all orientation activities for their student teachers.

The Center organization, with ten or more student teachers in a single building or adjacent buildings, is ideally suited to relieve the cooperating teachers of some orientation duties. Generally speaking, center-wide orientation activities focus upon the community, school or system wide goals and policies, and the services provided by specialized school personnel. The cooperating teacher then is free to use his time with the student teacher to concentrate upon orientation to departmental and course curriculum and to the classes which the associate teacher will actually teach.

Center-wide orientation activities are usually scheduled during regular school hours of the first week of the field experience quarter. Each Center has developed its own program over time, yet there is considerable similarity among centers in major aspects of orientation. Whenever possible, informality is the rule and emphasis is placed upon making the student teacher feel that his presence is welcomed by the entire school staff.

Orientation activities vary from informal getting-acquainted coffee meetings to fairly formal presentations of attendance and discipline procedures by local school administrators. They include hands-on experiences in media centers and familiarization with school libraries. Sometimes they involve visits to the various buildings in the school system or a narrated bus tour of the community. Whenever possible the orientation sessions are conducted by school staff with the Clinical Professor in an assisting rather than a dominating role. In this way the orientation program of each Center reflects unique local characteristic

PLANNING VARIED FIELD EXPERIENCE

One of the overarching purposes of the Center approach, as envisioned by Kent State, is to provide an array of school-based programs and environments for the students at the pre-service phase of development. With this general goal in mind, it is the

responsibility of the Clinical Professor to insure that university standards are met through the implementation of specific guidelines. These guidelines are implemented as the Clinical Professor meets with cooperating teachers and associate teachers individually, or in small groups, before the beginning of the quarter or during the first week. During these conferences the Clinical Professor, cooperating teachers, and associate teachers express their expectations for a well-rounded and professionally sound field experience.

One major guideline is the assignment of individuals or groups of associate teachers to teams of teachers. The team could take the form of an already established instructional team in the school, or two or three teachers representing the associate teacher's major area of preparation.

Another crucial guideline is the provision for experiences in a variety of instructional situations including tutoring, small-group work, regular-size classes, and large-groups. In many cases though, school physical plants limit the experiences in large-group instruction.

Another guideline is the gradual induction into teaching insured by the practice of preplanning the field experience at the beginning of the term. The "Anticipated Program" form helps provide a gradual induction into teaching, and facilitates the provision for a variety of teaching experiences, by forcing the cooperating teacher and associate teacher to view the quarter in broad terms.

Generally the Clinical Professor, associate teacher, and cooperating teacher agree that the associate teacher should begin the quarter by tutoring and working with small groups of students and then assume full-class responsibilities. Every associate teacher is assured of having a continuous experience throughout the term with some classes.

Clearly the associate teacher benefits from working in a variety of instructional settings and with two or more cooperating teachers. But, the Center schools also benefit from this variety relationship. By having associate teachers work within this arrangement, instructional staff competencies are complemented and extended through the use of additional staff.

ASSESSING PROGRESS

Before mentioning some of the specifics of the assessment procedure, it should be stressed that the associate teachers receive an S, U, or L grade for 12 quarter credits of field experience. Along with the grade, a written appraisal is made of the associate teacher's performance and included in the placement credentials. Associate teachers receive the standard ABCDF grade for the three credit accompanying center-based seminar.

Throughout the quarter, the Clinical Professor, cooperating teachers, and associate teacher work together in assessing the progress of the associate teacher. At the beginning of the quarter,

the Clinical Professor provides the cooperating teacher with appropriate procedures and a variety of instruments for evaluation.

Two of the instruments used include the "Classroom Observation Guide Questions" and "Cooperative Evaluation Form". The guide questions help the cooperating teachers structure their thinking during formal observations. Seven major areas ranging from"Entry" to "Closure" are listed reflecting general skills the Clinical Professors consider important that associate teachers possess by the end of the experience. A classroom observation form is also provided so that the cooperating teachers can record comments that can serve as a basis for after-observation conferences with associate teachers. The "Cooperative Evaluation Form" is filled out jointly by the cooperating teacher and associate teacher in order that both can perceive each others assessment of the associate teacher's performance to date. Eighteen criteria are listed and the form is completed three to four times during the quarter.

The Clinical Professor makes numerous informal contacts with the cooperating teachers and associate teachers regarding the progress of the experience and formally observes classes when necessary. Generally notes are prepared on the observations and a variety of methods of systematic observation are used. Withall's Social Emotional Climate Index, and Flanders Interaction Analysis are the two most popular affective instruments used, and the classification of the cognitive levels of verbal questioning behavior is also done through systematic instrumentation.

Associate teacher self-assessment is considered crucial in the field experience. Previously mentioned has been the "Cooperative Evaluation Form." Another means of self-assessment is through the use of the "Forced Choice Ranking Scale." The associate teacher and cooperating teacher both assess the strengths and areas needing improvement through a ranking-rating system. This is generally done during the last two weeks of the quarter and helps provide structure for drafting the final evaluation. Audio-and video-tape equipment are also often used to add realistic detail to the assessment and to provide another means of self-assessment for the associate teacher.

The Clinical Professor meets with the cooperating teachers at least twice during the final stages of the field experience to help draft and discuss the final evaluation. In all cases the associate teachers are informed of, at least, the strengths and areas needing improvement written into the final evaluation statement.

The emphasis in the assessment of the progress of the associate teachers is that it be continuous and come from a variety of sources including the students he or she is teaching. The Clinical Professor's role is to insure these standards.

SERVING ON A TEC STEERING COMMITTEE

The steering committee in the Center is a unique body in some ways. It is not organized on the line and staff pattern one typically finds in schools. It is a group in which persons from all levels of

the school operation meet as equals, each exercising one voice and one vote in the proceedings. Teachers have an opportunity to be directly involved in the decision-making process in a way which occurs infrequently at best in schools.

The steering committee is the nucleus of the Center. It is the primary means through which the university and school system implement the provisions of the parity relationship that is the basis of their cooperative efforts. Matters which deal with policy, guidelines, program, budget, scheduling, inservice, evaluation, seminar program, and logistical and personnel problems are all part of the steering committee's purview.

The Clinical Professor as a rule does not convene the steering committee. A person from the school staff, sometimes called a coordinator or a facilitator, does this. The Clinical Professor acts more in a resource and liaison role within the steering committee. He provides a certain kind of expertise - mostly pertaining to supervision and programmatic matters - and he speaks for the university's interests in matters before the committee.

CONDUCTING INSERVICE ACTIVITIES

A dimension of the Clinical Professor role in the Center, that could not be part of the role we formerly had as College Supervisors, is the inservice responsibility. One of the premier advantages of the Center is that the Clinical Professor spends a considerable amount of time in the Center schools, and has the opportunity to work closely

in a colleague relationship with the staff. One of the Clinical Professor's intents is to work with the cooperating teachers to help them become more effective supervisors. This occurs in casual day-to-day meetings, and in more formal planned sessions.

Clinical Professors encourage cooperating teachers to acquire some of the more sophisticated supervisory techniques. These include the systematic analysis of teaching, video-analysis of teaching, and planned conferencing techniques. However, inservice activities are not limited to supervisory techniques. It is our position that the more that cooperating teachers know about modern instructional techniques and classroom dynamics, the more likely it is that they will contribute to student teachers' growth. Therefore, topics such as writing instructional objectives, values clarification, and humanizing teaching may also be presented as inservice programs. Teachers, in fact, are often given the opportunity to select the particular areas of inservice education they wish to pursue.

Very frankly, one of the real problems that Clinical Professors in Centers have encountered is that of initiating inservice education within the cooperating teacher cadre. Teachers often resent imposition of more demands on their already busy schedules. Some interpret our efforts to involve them in inservice activities as a left-handed way of telling them, rather condescendingly, that they are inadequate.

Some feel that they already do a good job of guiding associate teachers, and all these little gimmicks we suggest they use are simply part of the games professors play.

CONDUCTING THE SEMINAR

The associate teacher seminar is an integral part of the TEC program. A function of the Clinical Professor is to conduct the seminar on the TEC site. The convenience for students of not having to travel some distance to a university campus for a seminar is in itself a considerable improvement, although not a substantive one, in the TEC program. Furthermore, the seminar is often convened within the normal school hours, rather than being an added burden for busy associate teachers.

The seminar adds an important dimension to the associate teachers' actual experience in the classroom. It provides a setting within which the associate teachers examine the relationship between theory and practice, discuss their concerns about their new experiences in the teacher role, and interact with practitioners who are invited to join the students in some seminar meetings. Among those who often contribute to the seminar are classroom teachers, school counselors, administrators, staff personnel officials, and professional association representatives. Currently, persons involved with teacher employment are in especially high demand because of the tight market in teaching positions.

Because the seminar brings all the associate teachers together periodically, it is used as an expedient for dealing with the many administrative details involved in student teaching. Associate teachers hand in their weekly schedules, report schedule changes, receive various evaluative instruments as needed, and consult the Clinical Professor about personal problems and concerns.

There are some aspects of teacher preparation which are not easily incorporated into the instruction students receive in the college classrooms. Actual teaching experience is virtually essential for dealing effectively with matters such as the systematic analysis of teaching, development of questioning techniques, and self-evaluation. The seminar, then, is the extension of the college-based portion of professional preparation. It is designed to help students continue their growth in the academic dimension of their development. The college through the Clinical Professor has a valuable contribution to make at this stage, even though the focus of the students' efforts is toward coping with the challenge of their first experience in classroom teaching.

The seminar has the protean quality of becoming whatever it needs to be in response to a given set of conditions. It is a flexible instrument in the hands of the Clinical Professor and student teachers that can be utilized to provide the most pertinent and valuable experiences for student teachers at this crucial time in their teacher preparation programs.

SOLVING PROBLEMS

CONDUCTING RESEARCH

The role of the Clinical Professor in conducting research is to initiate and participate in systematic studies to evaluate Kent State's efforts in the Center approach as well as to contribute to our knowledge about pre-service and inservice training programs.

During the first year of operation, the Office of Professional Field Experiences conducted a major formative evaluation effort to assess our center program at its early and developmental stage. It was felt that in order to make future decisions about the program we needed to discover to what extent we in fact had a teacher education Center program; what aspects needed reinforcement, change or deletion; and what strengths and weaknesses various persons saw in the program. Detailed questionnaires were devised by the Field Experience Office with the Clinical Professors playing an important role in their development, administration,and analysis. Returns were received from approximately 700 district administrators, cooperating teachers and associate teachers. The clinical professors engaged in a self-assessment. The findings were reported at last years ATE Conference in Chicago. Center steering committees are now in the process of reviewing the findings to make implications for future directions.

About one and one-half years ago these writers developed, pilot tested, and administered an instrument designed to identify the attitudes, and the changes in attitudes, of associate teachers during the preservice field experience. The Teacher Behavior Inventory was administered to 105 associate teachers and six Clinical Professors. The reporting of the results to the Clinical Professor staff is now in progress. Future plans include redesigning the TBI and extending the study to compare the attitudes of cooperating teachers and associate teachers.

The purpose of another research effort was to conduct a performance assessment of the supervisory personnel of the Office of Professional Field Experiences. Comparisons of the perceptions of district administrators, cooperating teachers, and associate teachers - with the self-perceptions of the Clinical Professors were made. The secondary purpose of this study was to develop measurable criteria for supervisory performance for those who are engaged in full time supervision. Hopefully, the instruments will replace the standard course and instructor rating forms appropriate for use by the full time teaching faculty.

FINAL COMMENTARY

Is this a better way? Answering this question is not a simple, straight-forward statistical matter, even though we have some evaluation results that are very encouraging. Another view of the matter, admit-

tedly subjective, is provided by referring to an article in the January 1974 Phi Delta Kappan entitled, "The Professional Growth of the Student Teacher," and comparing the author's indictment of student teaching in the traditional mode to the programs as conducted in Teacher Education Centers. The author contends that in the traditional student teaching situations, student teachers have a limited model upon which to pattern their teaching, that they are sometimes forced into practices that are mediocre or unsuited to them personally, that they are exposed to haphazard programs of orientation and supervision, that they are confused by several differing sets of expectations, that they remain little known personalities to their college supervisors, and that they are commonly supervised by graduate students from the university or retired administrators. Without going into specifics, we who are Clinical Professors conducting professional teacher preparation programs in Centers, feel we can refute each of these contentions on the basis of the nature of our Center programs.

We at Kent State feel that we have met the challenges to improve our practice in a significant way. We have been involved for four years in developing the Clinical Professor role, and we have experienced our share of frustration. We entered into the Center mode enthusiastically, although we realized we would make some mistakes. We found that the schools which were willing to cooperate with the university still had to go through a slow process of interpreting the Center concept and gradually implementing it. And we who were Clinical Professors had to work within the priorities

of the schools and the very human tendencies of school faculties, rather than changing these radically to fit our own preconceived patterns. But we have come to the point of sincerely believing that schools can properly continue to have as their first priority the improved education of their students, while simultaneously providing optimum conditions for the preparation of new teachers. We know that those optimum conditions are not achieved in one year, or even two, but only with the continuing growth of the school faculty, the Clinical Professor, and the programs of both institutions.

No one has set down finally what the role of the Clinical Professor is. We thought at one time that its most crucial aspect was simply expertise as teacher educators. We are becoming increasingly aware that it also involves being proficient in matters of human relations, being politically astute in recognizing and operating within power structures, and maintaining perspective and patience while promoting continuous progress.

At Kent State, we made life more difficult for ourselves when we opted to become Clinical Professors, transcending the role of College Supervisor. But so far, nobody, as far as we know, wishes to go back.